

**Registration Information**

***Please complete and return to school for the attention of Lauren Stephenson, Lead Administrator***

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| **PERSONAL INFORMATION** |
| **Student’s Legal First Name** |  |
| **Student’s Middle Name** |  |
| **Student’s Legal Surname** |  |
| **Student’s Preferred Surname** *(If different from above)* |  |
| **Student’s Preferred First Name** *(If different from above)* |  |

**Date of Birth: / / Gender:** MaleFemale

**Primary Disability:** HI / PMLD / ASD

**Other Disabilities:**

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| **STUDENT’S ADDRESS** |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Town/City** |  |
| **County** |  |
| **Post Code** |  |

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| **MOTHER’S INFORMATION** |
| **Name** |  |
| **Address**  *(if different from student)* |  |
| **Relationship to Student** |  |
| **Home Telephone Number** |  |
| **Mobile Telephone Number** |  |
| **Work Telephone Number** |  |
| **Email Address** |  |

**How would you like your letters addressed:** Mr & Mrs / Mr / Mrs / Ms / Miss / Dr / other

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| **FATHER’S INFORMATION** |
| **Name** |  |
| **Address**  *(if different from student)* |  |
| **Relationship to Student** |  |
| **Home Telephone Number** |  |
| **Mobile Telephone Number** |  |
| **Work Telephone Number** |  |
| **Email Address** |  |

**How would you like your letters addressed:** Mr & Mrs / Mr / Mrs / Ms / Miss / Dr / other

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| **CARER’S INFORMATION**  *(person with Parental Responsibility if not mother or father)* |
| **Name** |  |
| **Address**  *(if different from student)* |  |
| **Relationship to Student** |  |
| **Home Telephone Number** |  |
| **Mobile Telephone Number** |  |
| **Work Telephone Number** |  |
| **Email Address** |  |

**How would you like your letters addressed:** Mr & Mrs / Mr / Mrs / Ms / Miss / Dr / other

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| **EMERGENCY CONTACTS** | |
| **Name** | **Relationship to Student** | | **Telephone Number** |
| **1** |  | |  |
| **2** |  | |  |
| **3** |  | |  |
| **4** |  | |  |

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| **LOCAL AUTHORITY INFORMATION** |
| **Local Authority** |  |
| **SEN Caseworker’s Name** |  |
| **Telephone Number** |  |

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| **SOCIAL WORKER** |
| **Name** |  |
| **Telephone Number** |  |

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| **GP** |
| **Name** |  |
| **Address** |  |
| **Telephone Number** |  |

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| **PROFESSIONALS INVOLVED WITH STUDENT** | |
| **Name** | **Role/Job Title** | | **Telephone Number** |
| **1** |  | |  |
| **2** |  | |  |
| **3** |  | |  |
| **4** |  | |  |

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| **ETHNIC ORIGINS OF STUDENT**  *(Optional information used for equality monitoring)* | |
| Any other Asian background | Bangladeshi | Indian | White and Black African |
| Any other Black background | Black African | Pakistani | White and Black Caribbean |
| Any other Ethnic Group | Black Caribbean | Prefer not to say | White British |
| Any other Mixed background | Chinese | Traveller of Irish heritage | White Irish |
| Any other White background | Gypsy/Roma | White and Asian |  |

**First language of student:**

**Language spoken at home:**

**Country of birth: Nationality:**

**If student has moved from another country, date of arrival into the UK:**

**National Identity** *(please tick)*

BritishEnglishIrishWelshOtherPrefer not to say

**Please answer the following questions:**

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|  | **Yes** | **No** |
| Is your child entitled to free school meals? |  |  |
| Are either parents members of the Armed Forces? |  |  |
| Was your child adopted from care or left care under a guardianship or care arrangements order? |  |  |